



FACILITY CLOSE-OUT FORM/PROPERTY RELEASE AND/OR LICENSE TERMINATION CHECKLIST

North Dakota Department of Health
Radiation Control Program
SFN 58229 2/06

Submit requests for facility close-out, property release and/or license termination to:
Radiation Control Program, Air Quality Division, 2nd Floor, 918 East Divide Ave., Bismarck, ND 58501-1947
Phone: 701-328-5188 Fax: 701-328-5185

Licensee:	Contact/RSO:		
Address:	City:	State:	Zip Code:
Phone Number:	Fax Number:	Email:	
License Number:	Reference Number:	License Type:	
Radioactive Materials Transferred To:	Transferee Contact:	Transferee License:	

1. Request Release of Facility or Equipment for Unrestricted Use? ☐ Yes ☐ No

<input type="checkbox"/> Close-Out Survey Conducted		
Performed by:	Date:	Meter used:
Calibrated on:	Serial number:	
<input type="checkbox"/> Confirmatory Survey Conducted (at Department discretion)		
Performed by:	Date:	
Meter:		
Comments:		
<input type="checkbox"/> Leak Test Results Submitted for each source transferred (attach additional sheets as needed)		
Analyzed by:	Test Date(s):	
<input type="checkbox"/> Provide a copy of survey results and Department letter approving property release to landlord or subsequent tenant of facility.		

Include copies of the instrument calibration certificate(s) with your request.

2. Request Termination of Existing North Dakota License? ☐ Yes ☐ No

<input type="checkbox"/> Form RCP-12 (SFN 18941) Completed and Submitted to the Radiation Control Program	
Signed by:	Date:
<input type="checkbox"/> Transferee License Authorizes Possession of these Radioactive Materials	
Signed by:	Date:
<input type="checkbox"/> Verification of Receipt by Transferee	
Received by:	Date:

Include a copy of the verification of receipt with your request.

Signature of RSO or President

Date